

Board Meeting  
June 14-15, 2005

Agenda Item 7  
Attachment 2a

# CA Retreader Trip Log

California Integrated Waste Management Board  
PO Box 4025, Sacramento, CA 95812-1259  
Retread Log Number

EXAMPLE 123

Blue or Black Ink Pen

State of California

CIWMB-180 (New 03/04)

INSTRUCTIONS ON BACK DO NOT TAPE, STAPLE OR DUPLICATE

R9 - 1234567

Tire Program ID		Site Suffix		Retreader Business Name	
Phone Number (include area code)				Address	
( ) -				City, State, Zip	
Decal Number		License Plate Number		DOT	
-				R/	
Load Date (MM/DD/YY)				/ /	
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
Tire Program ID - Site Suffix		Business Name / Address		Pickup Count	Delivery Count
Invoice Number					
I certify under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to \$25,000 per day, per violation or administrative penalties up to \$5,000 per violation per day as described in Public Resources Code section 42962.				Totals:	

Driver's Name (print)

Driver's Signature

Date

Toll Free 1-866-896-0600 / [www.ciwmb.ca.gov/Tires/](http://www.ciwmb.ca.gov/Tires/)

White: CIWMB Copy Yellow: Retreader Copy

Draft

